

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/873289

APPLICANT(S)

FILING DATE
6-11-97

	CLAIMS						* IND. DEP.	* IND. DEP.	* IND. DEP.			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4				/			54					
5			/				55					
6				/			56					
7				/			57					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		2									
TOTAL DEP.	2	→	6	→		→						
TOTAL CLAIMS	3		8									